

# 6

## Specific Topics and Issues in the Helping Relationship

*After mastering the content in this chapter, you should be able to*

1. Discuss the importance of the physical setting to the counseling relationship.
2. Discuss the purpose, causes, and handling of long periods of silence during counseling.
3. Briefly describe the purpose, nature, and significance of nonverbal communication.
4. Summarize the basic principles of group counseling.
5. Define and describe the referral process.
6. Identify and briefly discuss ten basic principles of referral.
7. Explain why systematic evaluation of the counselor's services is an important phase in the helping relationship.
8. Identify two or more methods of evaluating the helper's services.

*Group counseling can be conducted for remedial purposes, for developmental purposes, or be preventive in nature, hoping to prevent problems from growing to the point where the individual needs special help to cope with them.*

—Bruce Shertzer and Shelley C. Stone

*Evaluation is a critical part of the entire therapeutic process and thus should not simply be left out until after intervention strategies have been applied. In its most effective form, evaluation and thus data gathering for evaluation purposes is ongoing.*

—Leroy G. Baruth and Charles H. Huber

Chapter Six completes Part One by identifying and discussing some of the topics and problems that inevitably occur during the counseling process. An in-depth understanding of these topics will enable the helper to assume a more professional role in effectively assisting parents of exceptional children.

### THE PHYSICAL SETTING

The client's first impressions of counseling are based on more than simply the actions of the helper. The helpee's attitude may also be influenced by the counseling setting. The physical setting and its atmosphere may have an important bearing on the success of a counseling relationship. Benjamin (1974) points out that the helper's goal is to provide an atmosphere conducive to communication. Although each person must decide what type of setting this is, Benjamin suggests a room or area that is not overwhelming, noisy, or distracting. Interruptions, distractions, and interferences should always be avoided if possible. Instead, the room or area should be comfortable and attractive, conveying a warm, friendly, nonthreatening atmosphere.

According to Shertzer and Stone (1980),

The most important prerequisite of the physical setting is privacy and if the confidence of the counselee is to be secured, the feeling of security engendered by privacy cannot be overemphasized. Individuals desire and have a right to both auditory and visual privacy from peers, teachers, and others when they enter into a helping relationship. (p. 336)

No office, room, or other area can encourage effective communication if conversations can be easily overheard.

The arrangement of chairs or seating is often a significant factor in a particular counseling technique. The presence or absence of a desk between the helper and parents conveys meaning to a client. For example, a non-

directive counselor would normally avoid the authoritative position of being behind a desk and having the client seated directly facing him.

Lewis (1970) suggests that the beginning counselor try various arrangements of furniture to find the most comfortable one that seems to communicate best the kind of counseling relationship to be established.

## SILENCE IN COUNSELING

Shertzer and Stone (1980) state:

Silence is difficult to master as a technique for most counselors who have been teachers because they often believe that client silence is synonymous with counselor failure and become uncomfortable when it occurs. Because silence in social situations tends to be looked upon as rejection, defiance, or disapproval, this meaning, from a different context, is quite often transferred to the counseling relationship. When pauses occur, the counselor may be overcome with the desire to break the silence rather than tolerate it. (p. 280)

You should understand that a great deal of communication may occur without verbal exchanges—no rule exists that says silence should always be replaced with spoken words.

A successful counseling relationship requires both listening and talking. Perhaps the most common error beginning counselors make is that they tend to talk too much. Silence is sometimes difficult to tolerate—a 30-second period of silence seems to last for much longer, and the helper often reacts by talking. With experience and practice, most helpers will learn to differentiate between types of silences and respond to them accordingly.

Periods of silence can be useful and can actually enhance the helping relationship. Benjamin (1974) illustrates this by saying,

There is, for example, the silence the interviewee may require to sort out his thoughts and feelings. Respect for this silence is more beneficial than many words from the interviewer. When ready, the interviewee will continue, usually quite soon—in a minute or so. This minute will seem quite long to us at first, but with experience we shall learn to measure time internally. Should the silence endure, we may want to interject a brief remark to help him go on; one can get lost in silence and appreciate the indication of a possible way out. For example, we might say: "There must be lots going on within; I wonder if you are ready to share some of it with me" or "I can see by the expression on your face that there's much going on behind the scenes; I'm ready to participate if you're ready to have me." Silence of this sort can be most helpful if the interviewer does not feel threatened by it or uncomfortable with it but can handle it with ease as part of an ongoing process. (p. 24)

There are several logical reasons for silence. Shertzer and Stone (1980) give the following:

1. the person being counseled may be the "naturally quiet" type and have difficulty expressing thoughts and feelings,

2. silence may occur because either the counselor or the client has reached the conclusion of a thought and does not know what to say next,
3. silence may indicate that the client is experiencing emotions that are difficult to express, yet would like to do so,
4. a pause may mean that the client seeks the counselor's assurance, support, or encouragement,
5. silence may be the result of a highly emotional expression by the client,
6. the helpee may be silent to resist what may appear as the counselor's probing,
7. the client may be reflecting on what has just been said, and
8. silence may indicate a desire not to reveal too much or to expose feelings.

When should a helper interrupt a pause or silence? According to Hackney and Nye (1973), there is no general rule to help you determine when to remain silent and when to interrupt. Although some counselors remain silent when the client initiated the pause, the counselor must be sensitive in each particular situation. You should recognize that silence does not necessarily indicate a halt in the counseling process. Periods of silence will inevitably occur and usually indicate that the client is thinking about feelings and emotions that have just surfaced. Remember that silence may be a productive element in the helping relationship if the client uses it as a means to stimulate personal awareness and sort out thoughts and feelings.

## NONVERBAL COMMUNICATION: MEANING BEYOND WORDS

Dr. Fredrick Perls, a leading Gestalt psychologist, says, "Verbal communication is a lie. The real communication is beyond words." Similarly, the French writer Victor Hugo said, "When a woman is speaking to you, listen to what she says with her eyes." Hugo was talking about what is now commonly known as nonverbal communication. Body language, an important part of nonverbal communication, has recently received a great deal of both clinical and popular attention. Davis (1977) reports that studies provide evidence of body language as an important supplement to verbal communication in most parts of the world. This form of communication can be eloquent in its capacity to confirm one's spoken words; it is equally true that people often communicate contradictory feelings in their words and body language. Speech is only a part of people's effort to communicate.

Nichols and Stevens (1957), note that

The pitch and timbre of a person's voice; the way he pauses between words; the rhythm with which the words flow from his mouth; oddities in pronunciation; the speed at which words are spoken—all of these things have something to say, over and above that which is being communicated by words alone. (pp. 59-61)

Nichols and Stevens illustrate this with the word *ob*—a word that says little when seen in printed form. When spoken, however, *ob* can acquire many

meanings. Using different voice inflections, *oh* can mean: "You surprised me," "I made a mistake," "You're a pain in the neck," "You make me so happy," "I'm bored," "I'm fascinated," "I understand," or "I don't understand."

As you can see from this example, nonverbal messages can reinforce, modify, and sometimes even contradict the words that a person speaks. In certain instances, the nonverbal part of a client's communication is far more important than the verbal part. For example, if you can detect the facial changes that reflect emotion, you should be in a better position to lead the interview in the appropriate direction.

Hackney and Nye (1973) suggest that nonverbal communication may help the counselor interpret client silence. By watching the client, the counselor will be able to gather some clues. Is the client relaxed? Are the client's eyes fixed on something without focusing? A fixed stare usually means the person is thinking about something, perhaps examining a new idea. Is the client tense or nervous, looking from one object to another and avoiding eye contact? This may mean avoidance of some topic or idea. The interaction between counselor and client will often depend on the nonverbal communication between the two.

Johnson (1981) believes that to communicate effectively with other individuals, it may be more important to master nonverbal communication than fluency with words. He cites a study showing that in a normal two-person conversation, 65 percent of the meaning comes from nonverbal messages. To be an effective helper, then, you should have a working knowledge of nonverbal communication to be aware of the messages your client sends to you, as well as those you send to your client, such as understanding and support, or the lack of them (Hansen, Stevic, & Warner, 1972). Nonverbal communication can no longer be ignored as a major force in shaping our understanding of another person.

## GROUP COUNSELING

Group counseling has developed in only the past 30 to 40 years. It was slow to gain acceptance, but group counseling has expanded rapidly during the last decade in both school and nonschool settings. This rapid growth has led to concerns about its effectiveness. Mahler (1971), for example, stated:

It appears that our favorite child, group counseling, has attained the adolescent stage of development, with all the anxiety and confusion accompanying it. One major concern is the too frequent naive view that the mere placing of individuals in a group will be good for them. (p. 601)

In spite of such criticism, group counseling has become increasingly popular. Shertzer and Stone (1981) comment that although in the past group counseling may have been subordinate to individual counseling, it is currently viewed as a complement to individual counseling. Even though group



*Group counseling is an important and effective alternative to individual counseling.*

counseling should only be practiced by those professionally trained to do so, you should be aware of this important and effective alternative to individual counseling. In group counseling, one counselor assists the group to set goals and make decisions.

Group counseling may be defined as a social experience usually concerned with developmental problems and situational concerns of members. Cohn, Combs, Gihian, and Sniffen (1963) offer the following definition:

Group Counseling, as we see it, is a dynamic, interpersonal process through which individuals with a normal range of adjustment work within a peer group and with a professionally trained counselor, exploring problems and feelings in an attempt to modify their attitudes so that they are better able to deal with developmental problems. (p. 355)

According to Lewis (1970), the best objective of group counseling is its positive use of the group situation to help individual members reach their counseling goals. If conducted properly, group counseling should provide the individual members with an opportunity to give help to others and accept help from the group as well as from the counselor. Group counseling is most effective in demonstrating that others have encountered similar difficulties and problems. The group format also helps the nonverbal client or the person who cannot adequately cope with threatening situations. Ohlsen (1983) offers this contemporary view of the group counseling process:

During group counseling, clients learn to help fellow clients as well as to accept their assistance, feedback, support, encouragement, and reinforcement of desired new behaviors. Within this therapeutic atmosphere they discover what really worries and upsets them, learn to discuss their pain openly, define the new behaviors that they must learn (goals) and make the association between implementing their desired new behavior and their relief of pain. They discover that they are not mere victims—that there are many things that they can do to manage their lives more effectively. (p. 39)

In a group situation, the counselor's role is basically the same as in individual counseling: to provide an atmosphere where individuals can engage in self-disclosure and feedback by expressing their attitudes and feelings. Group members must feel they are being understood. The counselor and other group members, then, must learn to listen perceptively and with understanding. This perceptive listening will help the counselor derive the topic from the expressed concerns of the group.

Beckley's (1967) guidelines for group counseling are still valid today.

1. Group counseling should be conducted by an experienced counselor with a good understanding of group dynamics.
2. Participants should be selected from individual counseling cases. The nature and advantages of group counseling should be explained to them, so that they know what is expected from them.
3. Participation should be voluntary.
4. Homogeneity, with respect to age, educational background, economic status, and similarity of problem is desirable.
5. Sessions should be approximately one hour in length.
6. There should be no more than 12 counselees in the group.
7. Group counseling sessions followed by at least one individual counseling session with each participant seem to be most beneficial and produce more lasting results. (p. 2-4)

Lifton (1972) maintains that through sharing perceptions, groups provide

- ☐ a reduction of anxiety,
- ☐ a setting for reality testing,
- ☐ the establishment of consensual validity,
- ☐ the dissemination of information,
- ☐ the development of skills, and
- ☐ emotional support to face threat. (pp. 45-46)

With these characteristics in mind, Lifton comments that groups typically form with at least one of the following objectives:

- ☐ information dispensing
- ☐ skill development
- ☐ decision making
- ☐ self-understanding

- ☐ reality testing
- ☐ task orientation
- ☐ power base to effect change

Vander Kolk (1985) contends that people form groups because they usually have something in common and wish to discuss ways of dealing with a personal, social, medical, or vocational aspect of their lives. Vander Kolk specifically refers to counseling groups that normally have more structure, have specifically defined goals, and have more explicit expectations of group members. He states:

Another structured group is that which offers information from group leaders, speakers, and fellow group members to parents of handicapped children. A related though less structured group for parents of handicapped children provides support, and is most helpful when children are severely handicapped. Parents learn that they are not alone in their struggles, receive genuine understanding from one another in their struggles, and acquire useful ideas with their responsibilities. (pp. 10-11)

The optimum size of a group is still a matter of discussion. Most authorities suggest six or seven members, with an outside range of five to ten. The group should be small enough so that members can communicate freely, and large enough to stimulate interaction, self-expression, and cooperative sharing. A group that is too small also may create the possibility that a particularly vocal member dominates the other members.

Although group counseling has disadvantages (such as the demand it places on the skills and competencies of the counselor), it can be effective for working with parents, especially if the counselor's time is too limited for individual sessions. Group members are encouraged to develop an accepting, permissive atmosphere of rapport and trust, allowing the release of participant attitudes, thoughts, and feelings. Some group members may find life more meaningful as they share their experiences with others.

### THE REFERRAL PROCESS

Referral is the act of transferring a client to another person or agency for specialized assistance. An ethical helper will never undertake an activity beyond his or her competency level. The American Personnel and Guidance Association (1974) is unequivocal in this standard.

The member shall decline to initiate or shall terminate a counseling relationship when he cannot be of professional assistance to the counselee or client either because of lack of competency or personal limitation. In such instances, the member shall refer his counselee or client to an appropriate specialist. (p. 202)

Learning when and how to make referrals and for what purpose is most as important as learning to counsel. If referral appears to be a proper course of action, discuss this with the client. You must be familiar with the nature and scope of referral services and agencies before suggesting referral, however. Discover what kind of special service is required, and if the service is available. It is important that the client understands the referral agency, its limitations, and its strengths. When discussing referral with the client, the helper should be tactful, yet straightforward and to the point. Although the client may become apprehensive, the counselor's offer to arrange for more expert help should assure the client of the counselor's acceptance and willingness to help. The trained helper usually makes the initial contact with the referred person or agency, but it is the client who ultimately decides what further action to take.

When helping parents of exceptional children, the referral procedure is no different. Should a problem or concern go beyond a helper's experience, two courses of action are normally available: (1) terminate the relationship (tactfully explaining why) or, (2) refer parents to another person or agency that can more successfully handle the problem. Referral is usually preferable because it indicates the helper's interest and provides alternatives to the parents.

Brammer (1979) identified ten principles that helpers should consider when making referrals.

1. Know community resources for different kinds of services.
2. Explore the helpee's readiness for referral. Has he expressed interest in specialized help?
3. Be direct and honest about your observations of his behavior which led to your suggested referral. Be honest also about your own limitations.
4. It is usually desirable to discuss the possibility of referral with the referral agency before the problem becomes urgent.
5. Determine what other persons have had contact with this helpee and confer with them before suggesting further steps.
6. If the helpee is a minor, it is wise to inform parents of your recommendations and obtain their consent and cooperation.
7. Be fair in explaining the services of a referral agency by citing the possibilities and limitations of that agency. Do not imply that miracles can be performed there.
8. Let the helpee make his own appointments for the new service, although supportive services like offering transportation would be facilitative.
9. Do not release information to any referral source without written permission from the helpee in the form of a signed release.
10. If you have been having the primary helping relationship with him, it is only ethical to maintain that relationship until the referral is complete and a new relationship is begun. (pp. 123-124)

## EVALUATION OF THE HELPER'S SERVICES

The process of evaluation is examining and judging the helper's performance in effectively attaining desired outcomes or goals. Without evaluation, the helper's effectiveness is at best impressionistic and subjective; at worst, it is prejudicial and unjust (Boyd, 1978). Hackney and Nye (1973) also stress the importance of evaluation by saying:

You and your clients are more likely to succeed if you set down goals that are relevant to the client's concerns, develop strategies that are determined by those goals, and finally, assess your progress continually as you work together toward those goals. (p. 157)

One systematic way to judge the helper's effectiveness is to examine and analyze the level of functioning in the helping relationship. Carkhuff and Berenson (1967) suggest five-point scales to assess the functioning of interpersonal processes and to operationally define empathic understanding, positive regard, genuineness, and concreteness. Using empathic understanding as an example, it may be helpful to examine Carkhuff and Berenson's scales. At level 1, the lowest level of interpersonal functioning, the helper is not attending to the client's expressions. At level 2, the counselor is somewhat responding to the expressed feelings of the helpee. At level 3, the helper is providing the minimum of empathic understanding. When the 4th level is reached, empathic understanding is present, allowing the client to express feelings at a deeper level. Level 5 characterizes a level of understanding that adds significantly to the client's ability to accurately express feelings. As Brammer (1979) notes, when level 5 has been reached, the quality of helper response is consistently high. All helper characteristics can be similarly scaled or ranked—as you become more involved with the growth of others, it is important to rank yourself or ask colleagues who observe your efforts to evaluate your effectiveness.

Other types of rating scales may be used to measure helping effectiveness. Dimick and Krause (1975) suggest approximately twenty basic skill areas of a helper that can be assessed (see Figure 6.1).

In the absence of external evaluation by another qualified person, the responsibility for analyzing and assessing your proficiency in helping skills will rest on your self-evaluation techniques. Rating scales such as those proposed can help the evaluation process if only by reminding us of desirable counselor behaviors and skills.

Citing the need for a research approach to evaluation, Ohlsen (1983) states,

Looking beyond the individual client, the counselor must determine how efficacious each treatment is for whom under what circumstances by asking herself: "Who were helped most by the techniques used? Who failed to profit from them? Who was hurt by what techniques and/or events? What informa-

FIGURE 6.1 The Practicum Counselor's Skill in Counseling

AREAS	Outstanding	Does well	Adequate	Unsatisfactory	Not observed
Ability to provide a theoretical rationale for use of own counseling procedures	4	3	2	1	0
Awareness of ethical standards and confidentiality	4	3	2	1	0
Awareness of own personal and professional limitations	4	3	2	1	0
Ability to apply knowledge, research, and theory from other disciplines to the counselee's situation	4	3	2	1	0
Awareness of the youth culture and its implications in areas of sex, drugs, and moral concerns	4	3	2	1	0
Responds at the counselee's level If not, circle whether below or above	4	3	2	1	0
Assumes leadership If not, circle whether too much or too little	4	3	2	1	0
Perceptive in handling the counselee's cues	4	3	2	1	0
Acceptance of the counselee	4	3	2	1	0
Conveys a pleasant mood or relaxed atmosphere in the interview If not, circle whether too much or not enough	4	3	2	1	0
Seems sincere in working with the counselee If not, circle whether too much or too little	4	3	2	1	0
Understands the situation the counselee is trying to present	4	3	2	1	0
Gains the confidence of the counselee	4	3	2	1	0
Is a good listener	4	3	2	1	0
Facilitative in specifying the problem in concrete terms	4	3	2	1	0
Emphatically able to bring client to the effective level of awareness	4	3	2	1	0
Real and genuine in the relationship	4	3	2	1	0
Able to facilitate the counselee's resolution of concerns	4	3	2	1	0
Effectiveness of this counselor as evaluated by clients	4	3	2	1	0
Ability as a counselor, overall evaluation	4	3	2	1	0

Comments:

tion may have enabled me to predict prior to counseling and/or in its early stages who would have been hurt or helped by each of the various techniques used? In what ways did my behavior and, in groups, particular clients' behaviors, contribute to or interfere with each client's growth? (p. 358)

Notice that practitioners must ask a more precise question than "Was this counseling technique effective?" Instead, they must ask, "For whom was this particular technique effective, and for what type of clients under what circumstances?" You must decide if the quality of your relationship with clients influenced their growth. Ohlsen adds that the focal point of helping and measuring our counseling effectiveness is how well we help clients define clear, precise behavioral goals that enable them to grow. Clients may then learn to take responsibility for discovering solutions and growth strategies, increasing their commitment to practicing these new behaviors.

## CHAPTER SUMMARY

To become an effective helper, you must not only understand basic counseling strategies but also other significant issues in the helping relationship. These other issues are frequently referred to as *core elements* that ease the counseling process. For example, the arrangement of the physical setting may have a significant influence on the success or failure of the relationship. Your counselees need to feel physically comfortable and psychologically secure to profit from the helping relationship. You, the helper, will also feel better about the relationship when the counseling is conducted in an optimal environment. Other counselor skills such as the proper handling of silence and the referral process also contribute to the ultimate success of the counseling relationship. Helpers should always strive to improve their effectiveness in helping and working with clients by evaluation. Because counseling is a purposeful activity, your effectiveness in helping clients reach goals and objectives is a meaningful evaluation measurement.

The quality of the helping relationship will enable parents to recognize that they have the capacities to restructure their lives and solve their own problems.

## ACTIVITIES, EXERCISES, AND IDEAS FOR REFLECTION AND DISCUSSION

1. Compare and contrast individual counseling with group counseling.
2. Is it possible that a person could be a skilled, effective individual counselor and fail to work effectively with groups? If so, what are some reasons that might account for this?
3. Is it unethical to discuss a client with another professional person? What guidelines might you suggest for conduct in this area?

4. How should the counselor handle requests for information from, for example, a parent or teacher?
5. To test one's tolerance for silence, select three people for this exercise. One person is the talker, one the listener, and the third person the timekeeper. The talker may talk about anything he wishes. The listener must wait 30 seconds between each response. The timer will signal when 30 seconds have expired. As this becomes tolerable, gradually increase the silent time to 40 seconds, 50 seconds, etc. When the listener can tolerate silence for about two or three minutes without discomfort, exchange roles and repeat the exercise.
6. Arrange to role-play or videotape a hypothetical counseling session. Keep a log of specific instances of nonverbal communication such as raised eyebrows, facial expressions, postures, gestures, mannerisms such as a glance or look, intensity or volume of the voice, raising or lowering of voice pitch and increased or decreased voice tempo. At the end of the session, compare the nonverbal behaviors with the verbal messages for consistency.
7. What steps would you take to survey the referral agencies in your community? Compile a list of agencies in your community/city that offer services to parents of exceptional children. Include important data such as the purpose of the agency, the eligibility criteria, and the nature of service. Are there local civic clubs that render services to the exceptional child?
8. Helpers should know the term *privileged communication* to behave professionally and ethically. What is privileged communication?
9. Why do you think it is important to evaluate the helper's services? Suppose that parents tell you they are satisfied (perhaps highly pleased) with the quality of your help. Should you request written feedback, allowing you to pinpoint your specific strengths and weaknesses?

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